

Fill in this information to identify your case:

United States Bankruptcy Court for the:

**Southern District of Texas**

Case number (If known): \_\_\_\_\_ Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Carl** \_\_\_\_\_

First name

**Randolph** \_\_\_\_\_

Middle name

**Chaney** \_\_\_\_\_

Last name

Suffix (Sr., Jr, II, III)

**About Debtor 2 (Spouse Only in a Joint Case):****Sandra** \_\_\_\_\_

First name

**King** \_\_\_\_\_

Middle name

**Chaney** \_\_\_\_\_

Last name

Suffix (Sr., Jr, II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Last name \_\_\_\_\_

Business name (if applicable) \_\_\_\_\_

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**xxx - xx - 9 8 3 5

OR

9xx - xx - \_\_\_\_\_

xxx - xx - 1 4 6 3

OR

9xx - xx - \_\_\_\_\_

Debtor 1  
Debtor 2Carl  
Sandra Randolph  
King Chaney  
Chaney

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:****4. Your Employer Identification Number (EIN), if any.**

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**About Debtor 2 (Spouse Only in a Joint Case):**

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**5. Where you live****22727 Fincastle Dr.**

Number Street \_\_\_\_\_

**Katy, TX 77450**

City State ZIP Code \_\_\_\_\_

**Harris**

County \_\_\_\_\_

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street \_\_\_\_\_

P.O. Box \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**If Debtor 2 lives at a different address:**

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street \_\_\_\_\_

P.O. Box \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**6. Why you are choosing *this district* to file for bankruptcy****Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408)

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**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408)

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Debtor 1  
Debtor 2Carl  
Sandra Randolph  
King Chaney  
Chaney  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Tell the Court About Your Bankruptcy Case

**7. The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?** No.

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** No.

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY

**11. Do you rent your residence?** No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1	Carl <u>Sandra</u>	Randolph <u>King</u>	Chaney <u>Chaney</u>	Case number (if known) _____
Debtor 2				
	First Name	Middle Name	Last Name	

## Part 3: Report About Any Businesses You Own as a Sole Proprietor

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.  
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines.* If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  
 Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1	<u>Carl</u>	<u>Randolph</u>	<u>Chaney</u>	
Debtor 2	<u>Sandra</u>	<u>King</u>	<u>Chaney</u>	Case number (if known) _____
	First Name	Middle Name	Last Name	

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

No.

Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property? \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Debtor 1  
Debtor 2

Carl <u>Sandra</u>	Randolph <u>King</u>	Chaney <u>Chaney</u>
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1  
Debtor 2Carl  
Sandra Randolph  
King Chaney  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
	16c. State the type of debts you owe that are not consumer debts or business debts.		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
18. How many creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,000-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input checked="" type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input checked="" type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion

## Part 7: Sign Below

For you	<p>I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.</p> <p>If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.</p> <p>If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p>		
	 <u>/s/ Carl Randolph Chaney</u> Carl Randolph Chaney, Debtor 1 Executed on <u>08/30/2023</u> MM/ DD/ YYYY		
	 <u>/s/ Sandra King Chaney</u> Sandra King Chaney, Debtor 2 Executed on <u>08/30/2023</u> MM/ DD/ YYYY		

Debtor 1	<u>Carl</u>	<u>Randolph</u>	<u>Chaney</u>	Case number (if known) _____
Debtor 2	<u>Sandra</u>	<u>King</u>	<u>Chaney</u>	
	First Name	Middle Name	Last Name	

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.



/s/ Pete W. Weston

Signature of Attorney for Debtor

Date 08/30/2023

MM / DD / YYYY

**Pete W. Weston**

Printed name

**Weston Legal, PLLC**

Firm name

**177 West Gray**

Number Street

**Houston**

City

**TX**

State **77019** ZIP Code

Contact phone (713) 623-4242

Email address bankruptcy@westonlegal.com

**21232300, SDTX 272**

Bar number

**TX**

State

Fill in this information to identify your case and this filing:

Debtor 1	<b>Carl</b>	<b>Randolph</b>	<b>Chaney</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Sandra</b>	<b>King</b>	<b>Chaney</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Southern</b>		District of <b>Texas</b>
Case number	<hr/>		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1 **Residential homestead**  
 Street address, if available, or other description  
22727 Fincastle Dr.  
Katy, TX 77450  
 City      State      ZIP Code  
Harris  
 County

**What is the property?** Check all that apply.

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?**

\$256,747.00

**Current value of the portion you own?**

\$256,747.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee Simple**

Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:** LT 22 BLK 25 WEST MEMORIAL SEC 2

**Source of Value:**

**Debtor's opinion of value, including consideration of Harris County Appraisal District; 2023 Market Value \$308,805**

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here

\$256,747.00

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No

Yes

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) \_\_\_\_\_

3.1 Make: <u>Toyota</u>	<b>Who has an interest in the property?</b> Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>Camry 4D</u>	<input checked="" type="checkbox"/> Debtor 1 only	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
Year: <u>2017</u>	<input type="checkbox"/> Debtor 2 only	<u>\$10,000.00</u>	<u>\$10,000.00</u>
Approximate mileage: <u>46,000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:	<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> <b>Check if this is community property</b> (see instructions)			
wife drives vehicle			

If you own or have more than one, describe here:

3.2 Make: <u>Ford</u>	<b>Who has an interest in the property?</b> Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>E450 VN</u>	<input checked="" type="checkbox"/> Debtor 1 only	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
Year: <u>2003</u>	<input type="checkbox"/> Debtor 2 only	<u>\$3,000.00</u>	<u>\$3,000.00</u>
Approximate mileage: <u>70,000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:	<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> <b>Check if this is community property</b> (see instructions)			
husband drives vehicle			

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

4.1 Make: <u>Homemade</u>	<b>Who has an interest in the property?</b> Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>Trailer Boat</u>	<input checked="" type="checkbox"/> Debtor 1 only	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
Year: <u>1986</u>	<input type="checkbox"/> Debtor 2 only	<u>\$100.00</u>	<u>\$100.00</u>
Other information:	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
<input type="checkbox"/> <b>Check if this is community property</b> (see instructions)			

If you own or have more than one, list here:

4.2 Make: <u>Mark 5</u>	<b>Who has an interest in the property?</b> Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>BRL Trailer</u>	<input checked="" type="checkbox"/> Debtor 1 only	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
Year: <u>1981</u>	<input type="checkbox"/> Debtor 2 only	<u>\$100.00</u>	<u>\$100.00</u>
Other information:	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
<input type="checkbox"/> <b>Check if this is community property</b> (see instructions)			

4.3 Make: <u>Chaparral</u>	<b>Who has an interest in the property?</b> Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>187 boat</u>	<input type="checkbox"/> Debtor 1 only	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
Year: <u>1983</u>	<input type="checkbox"/> Debtor 2 only	<u>\$50.00</u>	<u>\$50.00</u>
Other information:	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
<input type="checkbox"/> <b>Check if this is community property</b> (see instructions)			
17.08' ft 170hp I/O - slated for scrap			

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ..... → \$13,250.00

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe. ....

See Attached.

\$2,230.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe. ....

See Attached.

\$270.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe. ....

Yearbooks, Bibles, Cookbooks

\$50.00

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe. ....

sporting goods

\$100.00

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe. ....

See Attached.

\$850.00

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe. ....

ordinary clothing, shoes and accessories for two adults

\$400.00

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) \_\_\_\_\_

12. **Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe. ....

See Attached.

\$395.00

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

 No Yes. Describe. ....

Terrier mix

\$100.00

14. **Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information. ....15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** ..... →

\$4,395.00

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes .....

Cash: .....

\$125.00

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes .....

Institution name:

17.1. Checking account:	<u>JPMorgan Chase Bank, N.A., Joint with Sandra Chaney (0765)</u>	<u>\$288.11</u>
17.2. Savings account:	<u>JPMorgan Chase Bank, N.A., Joint with Sandra Chaney (0734)</u>	<u>\$0.01</u>
17.3. Savings account:	<u>JPMorgan Chase Bank, N.A., Joint with Sandra Chaney (7001)</u>	<u>\$2.25</u>

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) \_\_\_\_\_

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes ..... Institution or issuer name:

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**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

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**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them.....

Issuer name:

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**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

Pension plan:	<u>\$1,646.12 Sandra Chaney Pension per month</u>	<u>\$1,646.12</u>
IRA:	<u>Carl Chaney Chase IRA (1854)</u>	<u>\$1,997.16</u>

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes .....

Institution name or individual:

Water:	<u>Water MUD district</u>	<u>\$50.00</u>
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Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) \_\_\_\_\_

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes ..... Issuer name and description:

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24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

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25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them. ....26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them. ....27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them. ....

## Money or property owed to you?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal: \_\_\_\_\_

State: \_\_\_\_\_

Local: \_\_\_\_\_

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) \_\_\_\_\_

 No Yes. Give specific information. ....

Alimony:	_____
Maintenance:	_____
Support:	_____
Divorce settlement:	_____
Property settlement:	_____

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information. ....

\$2,253 Sandra Chaney Social Security Per Month	\$2,253.00
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**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value. ....

Company name:	Beneficiary:	Surrender or refund value:
<u>Gerber Life Insurance Co.</u>	<u>Sandra Chaney</u>	<u>\$701.38</u>
<u>Whole Life Insurance</u>		
<u>Face Value \$25,000.00</u>		
<u>State Farm Insurance</u>	<u>Carl Chaney and children if Carl dies before Sandra</u>	<u>\$0.00</u>
<u>Term Life Insurance</u>		
<u>Face Value \$122,000</u>		

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information. ....

_____	_____
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**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim. ....

_____	_____
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**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim. ....

_____	_____
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**35. Any financial assets you did not already list** No Yes. Give specific information. ....

_____	_____
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Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) \_\_\_\_\_

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here ..... → \$7,063.03

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

 No. Go to Part 6. Yes. Go to line 38.
**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

 No Yes. Describe. ....  \_\_\_\_\_

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe. ....  \_\_\_\_\_

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe. ....  \_\_\_\_\_

41. Inventory

 No Yes. Describe. ....  \_\_\_\_\_

42. Interests in partnerships or joint ventures

 No Yes. Describe. ....

Name of entity:

% of ownership:

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43. Customer lists, mailing lists, or other compilations

 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe. ....  \_\_\_\_\_



Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) \_\_\_\_\_

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here ..... → \$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information. ....

	_____
	_____
	_____

54. Add the dollar value of all of your entries from Part 7. Write that number here ..... → \$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 ..... → \$256,747.0056. Part 2: Total vehicles, line 5 \$13,250.0057. Part 3: Total personal and household items, line 15 \$4,395.0058. Part 4: Total financial assets, line 36 \$7,063.0359. Part 5: Total business-related property, line 45 \$0.0060. Part 6: Total farm- and fishing-related property, line 52 \$0.0061. Part 7: Total other property not listed, line 54 \$0.0062. Total personal property. Add lines 56 through 61. ..... \$24,708.03 Copy personal property total → + \$24,708.0363. Total of all property on Schedule A/B. Add line 55 + line 62. ..... \$281,455.03

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) \_\_\_\_\_

## Continuation Page

6.	<b>Household goods and furnishings</b>	
	<u>2 tables, 2 chairs, file cabinet, printer</u>	<u>\$75.00</u>
	<u>Assorted sized planter pots</u>	<u>\$25.00</u>
	<u>bed</u>	<u>\$50.00</u>
	<u>Bird feeders</u>	<u>\$10.00</u>
	<u>Blankets, linens, towels, etc.</u>	<u>\$50.00</u>
	<u>Christmas decorations</u>	<u>\$150.00</u>
	<u>clothes dryer</u>	<u>\$100.00</u>
	<u>dish washer</u>	<u>\$200.00</u>
	<u>dishes / flatware</u>	<u>\$10.00</u>
	<u>dresser(s) / nightstand(s)</u>	<u>\$50.00</u>
	<u>end tables</u>	<u>\$5.00</u>
	<u>Family photos and albums</u>	<u>\$10.00</u>
	<u>freezer</u>	<u>\$100.00</u>
	<u>Garage items and tools</u>	<u>\$300.00</u>
	<u>lamps / accessories</u>	<u>\$10.00</u>
	<u>lawnmower</u>	<u>\$50.00</u>
	<u>microwave</u>	<u>\$25.00</u>
	<u>Misc. camping equipment</u>	<u>\$50.00</u>
	<u>Mr. Buddy heaters, 2</u>	<u>\$100.00</u>
	<u>Plastic organizers and portable file totes</u>	<u>\$25.00</u>
	<u>pots / pans / cookware</u>	<u>\$10.00</u>
	<u>Recliners, 2</u>	<u>\$25.00</u>
	<u>refrigerator / freezer</u>	<u>\$100.00</u>
	<u>Rocking chairs, 2</u>	<u>\$30.00</u>
	<u>Safe</u>	<u>\$300.00</u>
	<u>Stapler, calculator, tape dispenser, pens, etc.</u>	<u>\$20.00</u>
	<u>stove</u>	<u>\$100.00</u>
	<u>Trash cans, 4</u>	<u>\$25.00</u>
	<u>Various "nick-nacks</u>	<u>\$100.00</u>
	<u>washing machine</u>	<u>\$100.00</u>

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) \_\_\_\_\_

Continuation Page

	<u>yard /landscaping tools</u>	<u>\$25.00</u>
7.	<b>Electronics</b>	
	<u>cellular telephone, 2</u>	<u>\$200.00</u>
	<u>personal computer</u>	<u>\$50.00</u>
	<u>television</u>	<u>\$20.00</u>
10.	<b>Firearms</b>	
	<u>DSARMS SA58 FAL rifle</u>	<u>\$500.00</u>
	<u>Smith &amp; Wesson Governor; pistol</u>	<u>\$350.00</u>
12.	<b>Jewelry</b>	
	<u>costume jewelry</u>	<u>\$25.00</u>
	<u>earrings</u>	<u>\$50.00</u>
	<u>necklaces</u>	<u>\$20.00</u>
	<u>pendant</u>	<u>\$50.00</u>
	<u>wedding rings</u>	<u>\$250.00</u>

Fill in this information to identify your case:

Debtor 1	<b>Carl</b>	<b>Randolph</b>	<b>Chaney</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Sandra</b>	<b>King</b>	<b>Chaney</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Southern District of Texas</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

1.  You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description: Residential homestead 22727 Fincastle Dr. Katy, TX 77450	\$256,747.00	<input checked="" type="checkbox"/> \$170,258.60 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-002
Line from Schedule A/B: 1.1			
Brief description: 2017 Toyota Camry 4D wife drives vehicle	\$10,000.00	<input checked="" type="checkbox"/> \$10,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Line from Schedule A/B: 3.1			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1	Carl	Randolph	Chaney	
Debtor 2	Sandra	King	Chaney	
	First Name	Middle Name	Last Name	Case number (if known) _____

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: 2003 Ford E450 VN husband drives vehicle	\$3,000.00	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Line from Schedule A/B: 3.2			
Brief description: Family photos and albums	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: Various "nick-nacks"	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: Recliners, 2	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: end tables	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: refrigerator / freezer	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: freezer	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			
Brief description: stove	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 6			

Debtor 1	Carl	Randolph	Chaney	
Debtor 2	Sandra	King	Chaney	
	First Name	Middle Name	Last Name	Case number (if known) _____

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>microwave</u>	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>dish washer</u>	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>washing machine</u>	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>clothes dryer</u>	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>dishes / flatware</u>	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>pots / pans / cookware</u>	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>bed</u>	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>dresser(s) / nightstand(s)</u>	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			

Debtor 1	Carl	Randolph	Chaney	
Debtor 2	Sandra	King	Chaney	
	First Name	Middle Name	Last Name	Case number (if known) _____

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>lamps / accessories</u>	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>lawnmower</u>	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>yard /landscaping tools</u>	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Stapler, calculator, tape dispenser, pens, etc.</u>	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>2 tables, 2 chairs, file cabinet, printer</u>	\$75.00	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Plastic organizers and portable file totes</u>	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Blankets, linens, towels, etc.</u>	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Assorted sized planter pots</u>	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			

Debtor 1	Carl	Randolph	Chaney	
Debtor 2	Sandra	King	Chaney	
	First Name	Middle Name	Last Name	Case number (if known) _____

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Rocking chairs, 2</u>	\$30.00	<input checked="" type="checkbox"/> \$30.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Trash cans, 4</u>	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Bird feeders</u>	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Safe</u>	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Garage items and tools</u>	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Christmas decorations</u>	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Misc. camping equipment</u>	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Mr. Buddy heaters, 2</u>	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			

Debtor 1	Carl	Randolph	Chaney	
Debtor 2	Sandra	King	Chaney	
	First Name	Middle Name	Last Name	

Case number (if known) \_\_\_\_\_

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: television	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 7			
Brief description: personal computer	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 7			
Brief description: cellular telephone, 2	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 7			
Brief description: Yearbooks, Bibles, Cookbooks	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 8			
Brief description: sporting goods	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: 9			
Brief description: Smith & Wesson Governor; pistol	\$350.00	<input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(7)
Line from Schedule A/B: 10			
Brief description: DSARMS SA58 FAL rifle	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(7)
Line from Schedule A/B: 10			
Brief description: ordinary clothing, shoes and accessories for two adults	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)
Line from Schedule A/B: 11			

Debtor 1	Carl	Randolph	Chaney	
Debtor 2	Sandra	King	Chaney	
	First Name	Middle Name	Last Name	Case number (if known) _____

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>wedding rings</u>	\$250.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)
Line from Schedule A/B: <u>12</u>			
Brief description: <u>earrings</u>	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)
Line from Schedule A/B: <u>12</u>			
Brief description: <u>necklaces</u>	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)
Line from Schedule A/B: <u>12</u>			
Brief description: <u>pendant</u>	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)
Line from Schedule A/B: <u>12</u>			
Brief description: <u>costume jewelry</u>	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)
Line from Schedule A/B: <u>12</u>			
Brief description: <u>Terrier mix</u>	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)
Line from Schedule A/B: <u>13</u>			
Brief description: <u>JPMorgan Chase Bank, N.A., Joint with Sandra Chaney (0765) Checking account</u>	\$288.11	<input checked="" type="checkbox"/> \$288.11 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407
Line from Schedule A/B: <u>17</u>			
		<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021

Debtor 1	Carl	Randolph	Chaney	
Debtor 2	Sandra	King	Chaney	Case number (if known) _____
	First Name	Middle Name	Last Name	

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>JPMorgan Chase Bank, N.A., Joint with Sandra Chaney (0734) Savings account</u>	\$0.01	<input checked="" type="checkbox"/> \$0.01 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407 _____ _____
Line from Schedule A/B: <u>17</u>		<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021 _____ _____
Brief description: <u>JPMorgan Chase Bank, N.A., Joint with Sandra Chaney (7001) Savings account</u>	\$2.25	<input checked="" type="checkbox"/> \$2.25 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407 _____ _____
Line from Schedule A/B: <u>17</u>		<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021 _____ _____
Brief description: <u>Carl Chaney Chase IRA (1854)</u>	\$1,997.16	<input checked="" type="checkbox"/> \$1,997.16 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021 _____ _____
Line from Schedule A/B: <u>21</u>		<input checked="" type="checkbox"/> \$1,646.12 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021 _____ _____
Brief description: <u>\$1,646.12 Sandra Chaney Pension per month</u>	\$1,646.12	<input checked="" type="checkbox"/> \$1,646.12 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021 _____ _____
Line from Schedule A/B: <u>21</u>		<input checked="" type="checkbox"/> \$1,646.12 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021 _____ _____
Brief description: <u>\$2,253 Sandra Chaney Social Security Per Month</u>	\$2,253.00	<input checked="" type="checkbox"/> \$2,253.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407 _____ _____
Line from Schedule A/B: <u>30</u>		<input checked="" type="checkbox"/> \$701.38 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Ins. Code §§ 1108.001, 1108.051 _____ _____
Brief description: <u>Gerber Life Insurance Co. Whole Life Insurance Face Value \$25,000.00</u>	\$701.38	<input checked="" type="checkbox"/> \$701.38 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Ins. Code §§ 1108.001, 1108.051 _____ _____
Line from Schedule A/B: <u>31</u>			

Debtor 1	<u>Carl</u>	<u>Randolph</u>	<u>Chaney</u>	
Debtor 2	<u>Sandra</u>	<u>King</u>	<u>Chaney</u>	
	First Name	Middle Name	Last Name	

Case number (if known) \_\_\_\_\_

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: State Farm Insurance Term Life Insurance Face Value \$122,000	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Ins. Code §§ 1108.001, 1108.051
Line from Schedule A/B: 31			

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

IN RE: **Chaney, Carl Randolph**  
**Chaney, Sandra King**

CASE NO

CHAPTER **Chapter 7**

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

**Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real Estate	\$256,747.00	\$86,488.40	\$170,258.60	\$170,258.60	\$0.00
3.	Motor vehicle	\$13,000.00	\$0.00	\$13,000.00	\$13,000.00	\$0.00
4.	Watercraft, trailers, motors homes, and accessories	\$250.00	\$0.00	\$250.00	\$0.00	\$250.00
6.	Household goods and furnishings	\$2,230.00	\$0.00	\$2,230.00	\$2,230.00	\$0.00
7.	Electronics	\$270.00	\$0.00	\$270.00	\$270.00	\$0.00
8.	Collectibles of value	\$50.00	\$0.00	\$50.00	\$50.00	\$0.00
9.	Equipment for sports and hobbies	\$100.00	\$0.00	\$100.00	\$100.00	\$0.00
10.	Firearms	\$850.00	\$0.00	\$850.00	\$850.00	\$0.00
11.	Clothes	\$400.00	\$0.00	\$400.00	\$400.00	\$0.00
12.	Jewelry	\$395.00	\$0.00	\$395.00	\$395.00	\$0.00
13.	Nonfarm animals	\$100.00	\$0.00	\$100.00	\$100.00	\$0.00
14.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$125.00	\$0.00	\$125.00	\$0.00	\$125.00
17.	Deposits of money	\$290.37	\$0.00	\$290.37	\$290.37	\$0.00
18.	Bonds, mutual funds, or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Business Interests, LLC's, Partnerships, Joint Ventures and Nonpublicly traded stock	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Bonds and other financial instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$3,643.28	\$0.00	\$3,643.28	\$3,643.28	\$0.00
22.	Security deposits and prepayments	\$50.00	\$0.00	\$50.00	\$0.00	\$50.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interest in a qualified education fund, such as an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equitable or future interests in property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Copyrights, trademarks, websites and other intellectual property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, Franchises, and other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts owed to the debtor	\$2,253.00	\$0.00	\$2,253.00	\$2,253.00	\$0.00
31.	Insurance policies	\$701.38	\$0.00	\$701.38	\$701.38	\$0.00
32.	Interest in property from deceased	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims against third parties	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

IN RE: **Chaney, Carl Randolph**  
**Chaney, Sandra King**

CASE NO  
CHAPTER **Chapter7**

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

*Continuation Sheet #1*

**Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
34.	All other claims, includes contingent/unliquidated claims, counter claims, and creditor set offs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Other financial asset	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts receivable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Machinery, fixtures and equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer lists	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Other businessrelated property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Other farm or fishing related property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTALS:</b>		<b>\$281,455.03</b>	<b>\$86,488.40</b>	<b>\$194,966.63</b>	<b>\$194,541.63</b>	<b>\$425.00</b>

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

IN RE: **Chaney, Carl Randolph**  
**Chaney, Sandra King**

CASE NO  
CHAPTER **Chapter7**

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

*Continuation Sheet #2*

**Surrendered Property:**

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder

Property Description	Market Value	Lien	Equity
<b><u>Real Property</u></b>			
(None)			
<b><u>Personal Property</u></b>			
(None)			
<b>TOTALS:</b>	\$0.00	\$0.00	\$0.00

**Non-exempt Property by Item:**

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
<b><u>Real Property</u></b>				
(None)				
<b><u>Personal Property</u></b>				
1986 Homemade Trailer Boat	\$100.00	\$100.00	\$100.00	\$100.00
1981 Mark 5 BRL Trailer	\$100.00	\$100.00	\$100.00	\$100.00
Cash	\$125.00	\$125.00	\$125.00	\$125.00
Water MUD district	\$50.00	\$50.00	\$50.00	\$50.00
Water				
1983 Chaparral 187 boat	\$50.00	\$50.00	\$50.00	\$50.00
17.08' ft 170hp I/O - slated for scrap				
<b>TOTALS:</b>	\$281,455.03	\$86,488.40	\$194,966.63	\$425.00

<b>Summary</b>	
A. Gross Property Value (not including surrendered property)	<b>\$281,455.03</b>
B. Gross Property Value of Surrendered Property	<b>\$0.00</b>
C. Total Gross Property Value (A+B)	<b>\$281,455.03</b>
D. Gross Amount of Encumbrances (not including surrendered property)	<b>\$86,488.40</b>
E. Gross Amount of Encumbrances on Surrendered Property	<b>\$0.00</b>
F. Total Gross Encumbrances (D+E)	<b>\$86,488.40</b>
G. Total Equity (not including surrendered property) / (A-D)	<b>\$194,966.63</b>
H. Total Equity in surrendered items (B-E)	<b>\$0.00</b>
I. Total Equity (C-F)	<b>\$194,966.63</b>
J. Total Exemptions Claimed	<b>\$194,541.63</b>
K. Total Non-Exempt Property Remaining (G-J)	<b>\$425.00</b>

Fill in this information to identify your case:

Debtor 1	<u>Carl</u>	<u>Randolph</u>	<u>Chaney</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Sandra</u>	<u>King</u>	<u>Chaney</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion if any

2.1	<u>Discover Bank</u> Creditor's Name  <u>80 Minuteman Road</u> Number Street  <u>Andover, MA 01810</u> City State ZIP Code	<b>Describe the property that secures the claim:</b>  Residential homestead 22727 Fincastle Dr. Katy, TX 77450	<b>Column A</b> \$14,250.40	<b>Column B</b> \$256,747.00	<b>Column C</b> \$0.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input checked="" type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset)</p>					
<p><b>Last 4 digits of account number</b> <u>9 2 5</u></p> <p><b>Remarks:</b> litigation filed in Harris County, County Court, Discover Bank vs Carl R Chaney; 1081925 -Judgment</p>					
<p>Add the dollar value of your entries in Column A on this page. Write that number here:</p>			<input type="text" value="14,250.40"/>		

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	<b>Column A</b> <b>Amount of claim</b> Do not deduct the value of collateral.	<b>Column B</b> <b>Value of collateral that supports this claim</b>	<b>Column C</b> <b>Unsecured portion if any</b>
2.2 <u>Specialized Loan Servicing LLC</u> Creditor's Name <u>Attn: Bankruptcy</u> <u>P.O. Box 630147</u> Number Street <u>Littleton, CO 80163-0147</u> City State ZIP Code	Describe the property that secures the claim: <div style="border: 1px dashed black; padding: 5px; min-height: 40px;"><u>Residential homestead</u> <u>22727 Fincastle Dr. Katy, TX 77450</u></div>	\$72,238.00	\$256,747.00	\$0.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)		
Date debt was incurred <u>6/1/2009</u>	Last 4 digits of account number <u>1 7 0 1</u>			
Remarks: 2.875% contract interest rate				
Add the dollar value of your entries in Column A on this page. Write that number here:		\$72,238.00		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$86,488.40		

Debtor 1	<u>Carl</u>	<u>Randolph</u>	<u>Chaney</u>	
Debtor 2	<u>Sandra</u>	<u>King</u>	<u>Chaney</u>	
	First Name	Middle Name	Last Name	

Case number (if known) \_\_\_\_\_

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1 Zwicker & Associates, P.C.

On which line in Part 1 did you enter the creditor? 1

Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

PO BOX 9013

Number Street \_\_\_\_\_

Andover, MA 01810

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Carl</u> First Name	<u>Randolph</u> Middle Name	<u>Chaney</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Sandra</u> First Name	<u>King</u> Middle Name	<u>Chaney</u> Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

##### 1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

##### 2. List all of your priority unsecured claims.

If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

Priority Creditor's Name	Last 4 digits of account number _____
Number Street	When was the debt incurred? _____
City State ZIP Code	As of the date you file, the claim is: Check all that apply.
<b>Who incurred the debt? Check one.</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Is the claim subject to offset?</b>	<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or person injury while you were intoxicated <input type="checkbox"/> Other. Specify _____
<input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: List All of Your NONPRIORITY Unsecured Claims

## 3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 American Express  
 Nonpriority Creditor's Name  
PO BOX 981535  
 Number Street  
El Paso, TX 79998-1535  
 City State ZIP Code

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**  
 No  
 Yes

	Total claim
Last 4 digits of account number	<u>2008</u>
When was the debt incurred?	<u>N/A</u>
As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify credit card	

4.2 American Medical Response  
 Nonpriority Creditor's Name  
6363 S Fiddlers Green Cir Fl 14  
 Number Street  
Greenwood Village, CO 80111  
 City State ZIP Code

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**  
 No  
 Yes

	Total claim
Last 4 digits of account number	<u>920H</u>
When was the debt incurred?	<u>01/06/2023</u>
As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill	

Debtor 1  
Debtor 2Carl Randolph Chaney  
Sandra King Chaney  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.3	<b>Apria Health Care/Arstrat LLC</b> Nonpriority Creditor's Name  <b>PO BOX 802017</b> Number Street  <b>Chicago, IL 60680-2017</b> City State ZIP Code	Last 4 digits of account number <u>9479</u>	<u>\$77.16</u>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>medical bill</b></p>			
4.4	<b>Bank of America</b> Nonpriority Creditor's Name  <b>PO BOX 982235</b> Number Street  <b>El Paso, TX 79998-2235</b> City State ZIP Code	Last 4 digits of account number <u>8838</u>	<u>\$2,207.00</u>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>credit card</b></p>			

Debtor 1  
Debtor 2Carl  
SandraRandolph  
KingChaney  
Chaney

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.5	<p><b>Bank of America</b> Nonpriority Creditor's Name <b>PO BOX 982235</b> Number Street <b>El Paso, TX 79998-2235</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0733</u></p> <p>When was the debt incurred? <u>N/A</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>credit card</b></p>	<b>\$20,931.92</b>
4.6	<p><b>Bank of America</b> Nonpriority Creditor's Name <b>PO BOX 982235</b> Number Street <b>El Paso, TX 79998-2235</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8922</u></p> <p>When was the debt incurred? <u>N/A</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>credit card</b></p>	<b>\$1,008.00</b>

Debtor 1  
Debtor 2Carl Randolph Chaney  
Sandra King Chaney  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.7	<b>BDS Towing &amp; Recovery LP</b> Nonpriority Creditor's Name <u>9349 Dilly Shaw Tap Rd.</u> Number Street <u>Bryan, TX 77808</u> City State ZIP Code	Last 4 digits of account number <u>5588</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$6,973.51</u>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Towing Bill</u>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.8	<b>Best Buy</b> Nonpriority Creditor's Name <u>PO BOX 790441</u> Number Street <u>St. Louis, MO 63179-0441</u> City State ZIP Code	Last 4 digits of account number <u>2227</u> When was the debt incurred? <u>12/26/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,617.10</u>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.9	<u>Brown &amp; Associates</u> Nonpriority Creditor's Name <u>PO BOX 421849</u> Number Street <u>Houston, TX 77242-1849</u> City State ZIP Code	Last 4 digits of account number <u>4662</u> When was the debt incurred? <u>01/01/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	<u>\$43.34</u>
4.10	<u>CACH, LLC</u> Nonpriority Creditor's Name <u>PO BOX 4115, DEPT 940</u> Number Street <u>Concord, CA 94524</u> City State ZIP Code	Last 4 digits of account number <u>1876</u> When was the debt incurred? <u>N/A</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>debt lawsuit; litigation filed</b>	<u>\$2,562.95</u>
<b>Remarks:</b> litigation filed in Harris County, Justice Court, CACH, LLC vs Sandra K Chaney; 185100201876-Judgment			

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.11	<b>Capital One Bank (USA) N.A.</b> Nonpriority Creditor's Name  <b>1680 Capital One Dr</b> Number Street  <b>McLean, VA 22102-3407</b> City State ZIP Code	Last 4 digits of account number <u>4323</u>	<u>\$6,436.58</u>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p><b>When was the debt incurred?</b> <u>N/A</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>debt lawsuit; litigation filed</b></p>			
<p><b>Remarks:</b> litigation filed in Harris County, Justice Court, Capital One Bank (USA) vs Carl R Chaney: CV52C0364323-Judgment</p>			
4.12	<b>CARDIOVASCULAR CARE PROVI</b> Nonpriority Creditor's Name  <b>1331 West Grand Parkway North, Suite 130</b> Number Street  <b>Katy, TX 77493-2711</b> City State ZIP Code	Last 4 digits of account number <u>370H</u>	<u>\$36.00</u>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p><b>When was the debt incurred?</b> <u>12/14/2022</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b></p>			

Debtor 1 Debtor 2	Carl Sandra	Randolph King	Chaney Chaney	Case number (if known) _____
	First Name	Middle Name	Last Name	

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	<b>CARDIOVASCULAR CARE PROVI</b> Nonpriority Creditor's Name <u>1331 West Grand Parkway North, Suite 130</u> Number Street <u>Katy, TX 77493-2711</u> City State ZIP Code	Last 4 digits of account number <u>640H</u>	<u>\$49.55</u>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>		<p><b>When was the debt incurred?</b> <u>12/20/2022</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u></p>	
4.14	<b>CARDIOVASCULAR CARE PROVI</b> Nonpriority Creditor's Name <u>1331 West Grand Parkway North, Suite 130</u> Number Street <u>Katy, TX 77493-2711</u> City State ZIP Code	Last 4 digits of account number <u>310H</u>	<u>\$78.35</u>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>		<p><b>When was the debt incurred?</b> <u>12/24/2022</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u></p>	

Debtor 1 Debtor 2	Carl Sandra	Randolph King	Chaney Chaney	Case number (if known) _____
	First Name	Middle Name	Last Name	

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim	
4.15	<b>CARDIOVASCULAR CARE PROVI</b> Nonpriority Creditor's Name <u>1331 West Grand Parkway North, Suite 130</u> Number Street <u>Katy, TX 77493-2711</u> City State ZIP Code			Last 4 digits of account number <u>290H</u> When was the debt incurred? <u>12/23/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	<b>\$19.20</b>
4.16	<b>CARDIOVASCULAR CARE PROVI</b> Nonpriority Creditor's Name <u>1331 West Grand Parkway North, Suite 130</u> Number Street <u>Katy, TX 77493-2711</u> City State ZIP Code			Last 4 digits of account number <u>F80H</u> When was the debt incurred? <u>12/28/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	<b>\$9.60</b>

Debtor 1  
Debtor 2Carl  
SandraRandolph  
KingChaney  
Chaney

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.17	<b>Cavalry SPV I, LLC</b> Nonpriority Creditor's Name <b>1100 Superior Avenue, 19th floor</b> Number Street <b>Cleveland, OH 44114-2531</b> City State ZIP Code	Last 4 digits of account number <u>2192</u> When was the debt incurred? <u>N/A</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>debt lawsuit; litigation filed</b>	<u>\$8,061.20</u>
<b>Remarks:</b> litigation filed in Harris County, Justice Court, Cavalry SPV I, LLC vs . Sandra K Chaney; 195100112192-Judgment			
4.18	<b>CF Medical LLC</b> Nonpriority Creditor's Name <b>PO BOX 361450</b> Number Street <b>Indianapolis, IN 46236-1450</b> City State ZIP Code	Last 4 digits of account number <u>5151</u> When was the debt incurred? <u>N/A</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	<u>\$1,208.00</u>

Debtor 1 Debtor 2	Carl Sandra	Randolph King	Chaney Chaney	Case number (if known) _____
	First Name	Middle Name	Last Name	

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.19	<u>Citibank, Cavalry SPV I, LLC</u> Nonpriority Creditor's Name <u>PO BOX 390846</u> Number Street <u>Minneapolis, MN 55439</u> City State ZIP Code			Last 4 digits of account number <u>5331</u> When was the debt incurred? <u>N/A</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$3,774.62</u>
				<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u>	
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.20	<u>Citibank/Best Buy</u> Nonpriority Creditor's Name <u>Centralized Bankruptcy</u> <u>PO Box 790034</u> Number Street <u>St Louis, MO 63179-0034</u> City State ZIP Code			Last 4 digits of account number <u>2227</u> When was the debt incurred? <u>12/1/2013</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,992.00</u>
				<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>	
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.21	<u>Comcast Communications</u> Nonpriority Creditor's Name <u>1130 Northchase Parkway, Suite 150</u> Number Street <u>Marietta, GA 30067</u> City State ZIP Code	Last 4 digits of account number <u>9288</u> When was the debt incurred? <u>N/A</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>utility bill</b>	<b>\$376.15</b>
4.22	<u>Comenity Bank/Kingsize</u> Nonpriority Creditor's Name <u>ATTN: Bankruptcy Dept</u> <u>PO Box 182125</u> Number Street <u>Columbus, OH 43218</u> City State ZIP Code	Last 4 digits of account number <u>9628</u> When was the debt incurred? <u>8/1/2012</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<b>\$14.00</b>

Debtor 1  
Debtor 2Carl  
SandraRandolph  
KingChaney  
Chaney

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.23	<b>Comenity Bank/Woman Within</b> Nonpriority Creditor's Name <b>PO BOX 182125</b> Number Street <b>Columbus, OH 43218-2125</b> City State ZIP Code	Last 4 digits of account number <u>9628</u> When was the debt incurred? <u>08/08/2012</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2.00</u>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>credit card</b>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.24	<b>Discover</b> Nonpriority Creditor's Name <b>6500 New Albany Rd E</b> Number Street <b>New Albany, OH 43054-8730</b> City State ZIP Code	Last 4 digits of account number <u>7247</u> When was the debt incurred? <u>N/A</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$16,602.56</u>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>debt lawsuit; litigation filed</b>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Remarks:</b> litigation filed in Harris County, County Court, Discover Bank vs Sandra K Chaney; 1087247 -Dismissed		

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.25	<u>Gander Mountain/Portfolio Recovery Assoc</u> Nonpriority Creditor's Name <u>PO BOX 12914</u> Number Street <u>Norfolk, VA 23541</u> City State ZIP Code	Last 4 digits of account number <u>4041</u> When was the debt incurred? <u>N/A</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,423.00</u>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>credit card</b>	
4.26	<u>Houston Methodist</u> Nonpriority Creditor's Name <u>PO BOX 3133</u> Number Street <u>Houston, TX 77253-3133</u> City State ZIP Code	Last 4 digits of account number <u>7112</u> When was the debt incurred? <u>12/12/2022</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,148.42</u>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	

Debtor 1  
Debtor 2Carl Randolph Chaney  
Sandra King Chaney  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.27	<b>Javitch Block, LLC</b> Nonpriority Creditor's Name <b>c/o Eric S Peterson</b> <b>275 W Campbell Rd Ste 312</b> Number Street <b>Richardson, TX 75080-3601</b> City State ZIP Code	Last 4 digits of account number <u>2192</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1.00</u>
	<b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Attorney Fees</b>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Remarks:</b> litigation filed in Harris County, Justice Court, Cavalry SPV I, LLC vs . Sandra K Chaney; 195100112192-Judgment		
4.28	<b>Massey's</b> Nonpriority Creditor's Name <b>PO BOX 2822</b> Number Street <b>Monroe, WI 63666-8022</b> City State ZIP Code	Last 4 digits of account number <u>8-A2</u> When was the debt incurred? <u>N/A</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$324.29</u>
	<b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>credit card</b>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Debtor 2	Carl Sandra	Randolph King	Chaney Chaney	Case number (if known) _____
	First Name	Middle Name	Last Name	

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.29	<b>Medical Chest Associates</b> Nonpriority Creditor's Name <u>902 Frostwood, Suite 172</u> Number Street <u>Houston, TX 77024-2402</u> City State ZIP Code			Last 4 digits of account number <u>7U0H</u> <span style="float: right;"><u>\$21.39</u></span> When was the debt incurred? <u>01/07/2023</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>
4.30	<b>Medical Chest Associates</b> Nonpriority Creditor's Name <u>902 Frostwood, Suite 172</u> Number Street <u>Houston, TX 77024-2402</u> City State ZIP Code			Last 4 digits of account number <u>J40H</u> <span style="float: right;"><u>\$14.26</u></span> When was the debt incurred? <u>01/04/2023</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.31	<b>Medical Colleagues of Texas, L.L.P.</b> Nonpriority Creditor's Name <u>21700 Kingsland Blvd., Suite 201</u> Number Street <u>Katy, TX 77450-2547</u> City State ZIP Code	Last 4 digits of account number <u>4111</u>	<u>\$10.99</u>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <u>01/01/2023</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
4.32	<b>Memorial Hermann</b> Nonpriority Creditor's Name <u>909 Frostwood Drive Suite 3:100</u> Number Street <u>Houston, TX 77024</u> City State ZIP Code	Last 4 digits of account number <u>7025</u>	<u>\$500.00</u>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <u>N/A</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.33	<b>Memorial Hermann</b> Nonpriority Creditor's Name <u>909 Frostwood Drive Suite 3:100</u> Number Street <u>Houston, TX 77024</u> City State ZIP Code	Last 4 digits of account number <u>1171</u> When was the debt incurred? <u>N/A</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	<b>\$500.00</b>
4.34	<b>Memorial Hermann</b> Nonpriority Creditor's Name <u>PO BOX 4370</u> Number Street <u>Houston, TX 77210-4370</u> City State ZIP Code	Last 4 digits of account number <u>7502</u> When was the debt incurred? <u>12/20/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	<b>\$643.06</b>

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.35	<b>Memorial Hermann</b> Nonpriority Creditor's Name <b>PO BOX 4370</b> Number Street <b>Houston, TX 77210-4370</b> City State ZIP Code	Last 4 digits of account number <u>7500</u> When was the debt incurred? <u>12/30/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$200.00</u>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.36	<b>Memorial Hermann</b> Nonpriority Creditor's Name <b>PO BOX 4370</b> Number Street <b>Houston, TX 77210-4370</b> City State ZIP Code	Last 4 digits of account number <u>8500</u> When was the debt incurred? <u>01/17/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$37.19</u>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Debtor 2	Carl Sandra	Randolph King	Chaney Chaney	Case number (if known) _____
	First Name	Middle Name	Last Name	

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.37	<b>Memorial Hermann H</b> Nonpriority Creditor's Name <b>PO BOX 4370</b> Number Street <b>Houston, TX 77210-4370</b> City State ZIP Code			Last 4 digits of account number <u>860H</u> When was the debt incurred? <u>01/06/2023</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,076.72</u>
				<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.38	<b>Memorial Hermann Hospital</b> Nonpriority Creditor's Name <b>909 Frostwood Drive Suite 3:100</b> Number Street <b>Houston, TX 77024</b> City State ZIP Code			Last 4 digits of account number <u>2823</u> When was the debt incurred? <u>N/A</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$890.00</u>
				<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.39	<p><b>Memorial Hermann Hospital</b>            Nonpriority Creditor's Name</p> <p><b>PO BOX 4370</b>            Number Street</p> <p><b>Houston, TX 77210-4370</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8P0H</u></p> <p>When was the debt incurred? <u>12/14/2022</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>medical bill</u></p>	<u>\$5.21</u>
4.40	<p><b>Memorial Hermann Medical Group</b>            Nonpriority Creditor's Name</p> <p><b>PO BOX 1400 ATTN18565J</b>            Number Street</p> <p><b>Belfast, ME 04915-4033</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1087</u></p> <p>When was the debt incurred? <u>12/20/2022</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>medical bill</u></p>	<u>\$566.88</u>

Debtor 1 Debtor 2	Carl Sandra	Randolph King	Chaney Chaney	Case number (if known) _____
	First Name	Middle Name	Last Name	

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.41	<b>Memorial Hermann Medical Group</b> Nonpriority Creditor's Name <u>PO BOX 1400 ATTN18565J</u> Number Street <u>Belfast, ME 04915-4033</u> City State ZIP Code			<u>\$98.59</u>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>				<b>Last 4 digits of account number</b> <u>1087</u> <b>When was the debt incurred?</b> <u>12/20/2022</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.42	<b>Memorial MRI and Diagnostic</b> Nonpriority Creditor's Name <u>21820 Katy Freeway</u> Number Street <u>Katy, TX 77449-7774</u> City State ZIP Code			<u>\$255.65</u>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>				<b>Last 4 digits of account number</b> <u>910H</u> <b>When was the debt incurred?</b> <u>11/30/2022</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.43	<b>Memorial MRI and Diagnostic</b> Nonpriority Creditor's Name <u>21820 Katy Freeway</u> Number Street <u>Katy, TX 77449-7774</u> City State ZIP Code	Last 4 digits of account number <u>170H</u>	<u>\$267.28</u>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <u>11/08/2022</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>	
4.44	<b>Memorial Pathology Consultants</b> Nonpriority Creditor's Name <u>PO BOX 671130</u> Number Street <u>Dallas, TX 75267-1130</u> City State ZIP Code	Last 4 digits of account number <u>2458</u>	<u>\$53.83</u>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <u>12/20/2022</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>	

Debtor 1 Debtor 2	Carl Sandra	Randolph King	Chaney Chaney	Case number (if known) _____
	First Name	Middle Name	Last Name	

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.45	<b>Memorial Pathology Consultants</b> Nonpriority Creditor's Name  <b>PO BOX 671130</b> Number Street  <b>Dallas, TX 75267-1130</b> City State ZIP Code	<b>Last 4 digits of account number</b> <u>9T0H</u>  <b>When was the debt incurred?</b> <u>12/14/2022</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1.10</b>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>		
4.46	<b>Memorial Pathology Consultants</b> Nonpriority Creditor's Name  <b>PO BOX 671130</b> Number Street  <b>Dallas, TX 75267-1130</b> City State ZIP Code	<b>Last 4 digits of account number</b> <u>3T0H</u>  <b>When was the debt incurred?</b> <u>12/27/2022</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2.20</b>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.47	<b>Memorial Pathology Consultants</b> Nonpriority Creditor's Name <u>PO BOX 671130</u> Number Street <u>Dallas, TX 75267-1130</u> City State ZIP Code	Last 4 digits of account number <u>9T0H</u> When was the debt incurred? <u>12/23/2022</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1.10</u>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.48	<b>Memorial Pathology Consultants</b> Nonpriority Creditor's Name <u>PO BOX 671130</u> Number Street <u>Dallas, TX 75267-1130</u> City State ZIP Code	Last 4 digits of account number <u>6S0H</u> When was the debt incurred? <u>12/22/2022</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1.65</u>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1  
Debtor 2Carl Randolph Chaney  
Sandra King Chaney  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.49	<b>Memorial Pathology Consultants</b> Nonpriority Creditor's Name  <b>PO BOX 671130</b> Number Street  <b>Dallas, TX 75267-1130</b> City State ZIP Code	Last 4 digits of account number <u>4S0H</u>	<u>\$2.20</u>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b></p>			
4.50	<b>Memorial Pathology Consultants</b> Nonpriority Creditor's Name  <b>PO BOX 671130</b> Number Street  <b>Dallas, TX 75267-1130</b> City State ZIP Code	Last 4 digits of account number <u>1S0H</u>	<u>\$2.20</u>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b></p>			

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.51	<b>Memorial Pathology Consultants</b> Nonpriority Creditor's Name  <b>PO BOX 671130</b> Number Street  <b>Dallas, TX 75267-1130</b> City State ZIP Code	Last 4 digits of account number <u>5T0H</u>	<u>\$1.65</u>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b></p>			
4.52	<b>Memorial Pathology Consultants</b> Nonpriority Creditor's Name  <b>PO BOX 671130</b> Number Street  <b>Dallas, TX 75267-1130</b> City State ZIP Code	Last 4 digits of account number <u>4T0H</u>	<u>\$2.20</u>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b></p>			

Debtor 1 Debtor 2	Carl Sandra	Randolph King	Chaney Chaney	Case number (if known) _____
	First Name	Middle Name	Last Name	

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.53	<b>Memorial Pathology Consultants</b> Nonpriority Creditor's Name <b>PO BOX 671130</b> Number Street <b>Dallas, TX 75267-1130</b> City State ZIP Code			Last 4 digits of account number <u>0T0H</u> <span style="float: right;"><u>\$2.20</u></span> When was the debt incurred? <u>12/24/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>
4.54	<b>Memorial Pathology Consultants</b> Nonpriority Creditor's Name <b>PO BOX 671130</b> Number Street <b>Dallas, TX 75267-1130</b> City State ZIP Code			Last 4 digits of account number <u>3T0H</u> <span style="float: right;"><u>\$2.20</u></span> When was the debt incurred? <u>12/27/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.55	<b>Memorial Pathology Consultants</b> Nonpriority Creditor's Name <u>PO BOX 671130</u> Number Street <u>Dallas, TX 75267-1130</u> City State ZIP Code	Last 4 digits of account number <u>550H</u>	<u>\$3.85</u>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b></p>			
4.56	<b>Merrick Bank/CCHoldings</b> Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>P.O. Box 9201</u> Number Street <u>Old Bethpage, NY 11804-9001</u> City State ZIP Code	Last 4 digits of account number <u>5411</u>	<u>\$2,265.00</u>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>			

Debtor 1 Debtor 2	Carl Sandra	Randolph King	Chaney Chaney	Case number (if known) _____
	First Name	Middle Name	Last Name	

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.57	<b>Methodist Pathology Assoc PLLC</b> Nonpriority Creditor's Name <b>PO BOX 4701</b> Number Street <b>Houston, TX 77210-4701</b> City State ZIP Code			Last 4 digits of account number <u>5344</u> When was the debt incurred? <u>11/23/2022</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$35.70</u>
				<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.58	<b>Methodist Pathology Assoc PLLC</b> Nonpriority Creditor's Name <b>PO BOX 4701</b> Number Street <b>Houston, TX 77210-4701</b> City State ZIP Code			Last 4 digits of account number <u>990H</u> When was the debt incurred? <u>12/12/2022</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1.10</u>
				<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.59	<u>Methodist Pathology Assoc PLLC</u> Nonpriority Creditor's Name <u>PO BOX 4701</u> Number Street <u>Houston, TX 77210-4701</u> City State ZIP Code	Last 4 digits of account number <u>510H</u> When was the debt incurred? <u>12/16/2022</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1.10</u>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.60	<u>Michael P Macris, MD PA</u> Nonpriority Creditor's Name <u>915 Gessner, Suite 170</u> Number Street <u>Houston, TX 77024-2666</u> City State ZIP Code	Last 4 digits of account number <u>0237</u> When was the debt incurred? <u>01/07/2023</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$38.18</u>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.61	<p><u>Midland Credit Mgmt, Inc.</u>        Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <u>PO Box 939069</u>        Number Street  <u>San Diego, CA 92193</u>        City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Remarks:</b> litigation filed in Harris County, Justice Court, Midland Credit Management, Inc. vs Sandra K Chaney: 205100308667-Judgment</p>	<p>Last 4 digits of account number <u>8667</u></p> <p>When was the debt incurred? <u>12/1/2019</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>debt lawsuit; litigation filed</b></p>	<u>\$2,657.95</u>
4.62	<p><u>Midland Funding LLC</u>        Nonpriority Creditor's Name  <u>PO BOX 115220</u>        Number Street  <u>Carrollton, TX 75011-5220</u>        City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Remarks:</b> litigation filed in Harris County, County Court, Midland Funding, LLC vs Carl Chaney: 1099531-Judgment</p>	<p>Last 4 digits of account number <u>9531</u></p> <p>When was the debt incurred? <u>12/01/1995</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>debt lawsuit; litigation filed</b></p>	<u>\$16,594.60</u>

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.63	<p><u>Nottingham Dental, PLLC</u>            Nonpriority Creditor's Name</p> <p><u>20501 Katy Fwy 104</u>            Number Street</p> <p><u>Katy, TX 77450</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Dental Bill</b></p>	<b>\$552.00</b>
4.64	<p><u>Oncology Consultants, PA</u>            Nonpriority Creditor's Name</p> <p><u>925 Gessner, Suite 600</u>            Number Street</p> <p><u>Houston, TX 77024</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>380H</u></p> <p>When was the debt incurred? <u>12/07/2022</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b></p>	<b>\$6.54</b>

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.65	<p><b>Paramount Recovery</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <b>PO Box 23369</b>            Number Street  <b>Waco, TX 76702</b>            City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b></p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Remarks:</b> Original Creditor: ACS PRIM CR PHYS - SW PA</p>	<p>Last 4 digits of account number <u>6334</u></p> <p>When was the debt incurred? <u>2/1/2023</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Collection Agency</b></p>	<b>\$1,496.00</b>
4.66	<p><b>Portfolio Recovery</b>            Nonpriority Creditor's Name  <b>120 Corporate Blvd Ste 120</b>            Number Street  <b>Norfolk, VA 23502-4952</b>            City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b></p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Remarks:</b> litigation filed in Harris County, Justice Court, Portfolio Recover Associates, LLC vs Carl R Chaney; 175200042971- Dismissed</p>	<p>Last 4 digits of account number <u>2971</u></p> <p>When was the debt incurred? <u>N/A</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>debt lawsuit; litigation filed</b></p>	<b>\$1,363.88</b>

Debtor 1 Debtor 2	Carl Sandra	Randolph King	Chaney Chaney	Case number (if known) _____
	First Name	Middle Name	Last Name	

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.67	<b>Portfolio Recovery Associates LLC</b> Nonpriority Creditor's Name <b>Centralized Bankruptcy</b> <b>PO Box 790034</b> Number Street <b>St Louis, MO 63179-0034</b> City State ZIP Code	Last 4 digits of account number <u>9016</u> When was the debt incurred? <u>N/A</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<u>\$4,207.51</u>
	<b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>debt lawsuit; litigation filed</b>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	<b>Remarks:</b> litigation filed in Harris County, Justice Court, Portfolio Recovery vs. Carl R Chaney; CV52C0379016 - Dismissed			
4.68	<b>Portfolio Recovery Associates, LLC</b> Nonpriority Creditor's Name <b>120 Corporate Blvd</b> Number Street <b>Norfolk, VA 23502-4952</b> City State ZIP Code	Last 4 digits of account number <u>9016</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<u>\$1.00</u>
	<b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Attorney Fees</b>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	<b>Remarks:</b> litigation filed in Harris County, Justice Court, Portfolio Recovery vs. Carl R Chaney; CV52C0379016 - Dismissed			

Debtor 1  
Debtor 2Carl Randolph Chaney  
Sandra King Chaney  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.69	<b>Radiology Partners Houston</b> Nonpriority Creditor's Name <b>PO BOX 208108</b> Number Street <b>Dallas, TX 75320-8108</b> City State ZIP Code	Last 4 digits of account number <u>2701</u> When was the debt incurred? <u>01/01/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$51.90</u>
	<b>Who incurred the debt?</b> Check one.	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.70	<b>Rausch Sturm</b> Nonpriority Creditor's Name <b>15660 Dallas Pkwy Ste 350</b> Number Street <b>Dallas, TX 75248-3344</b> City State ZIP Code	Last 4 digits of account number <u>4323</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1.00</u>
	<b>Who incurred the debt?</b> Check one.	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Attorney Fees</b>	
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Remarks:</b> litigation filed in Harris County, Justice Court, Capital One Bank (USA) vs Carl R Chaney; CV52C0364323-Judgment			

Debtor 1  
Debtor 2Carl  
Sandra  
First NameRandolph  
King  
Middle NameChaney  
Chaney  
Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.71	<b>Rausch Sturm</b> Nonpriority Creditor's Name <u>c/o Fallon Hamilton</u> <u>15660 N. Dallas Pkwy Ste 350</u> Number Street <u>Dallas, TX 75248-3344</u> City State ZIP Code	Last 4 digits of account number <u>2971</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Attorney Fees</b>	<b>\$1.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Remarks:</b> litigation filed in Harris County, Justice Court, Portfolio Recover Associates, LLC vs Carl R Chaney; 175200042971- Dismissed			
4.72	<b>Rausch Sturm</b> Nonpriority Creditor's Name <u>15660 Dallas Pkwy Ste 350</u> Number Street <u>Dallas, TX 75248-3344</u> City State ZIP Code	Last 4 digits of account number <u>7247</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Attorney Fees</b>	<b>\$1.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Remarks:</b> litigation filed in Harris County, County Court, Discover Bank vs Sandra K Chaney; 1087247 -Dismissed			

Debtor 1  
Debtor 2Carl  
Sandra  
First NameRandolph  
King  
Middle NameChaney  
Chaney  
Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.73	<b>Scott &amp; Associates PC</b> Nonpriority Creditor's Name <u>c/o Naomi Lara</u> <u>P. O. Box 115220</u> Number Street <u>Carrollton, TX 75011-5220</u> City State ZIP Code	Last 4 digits of account number <u>8667</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1.00</u>
	<b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Attorney Fees</b>	
	<b>Remarks:</b> litigation filed in Harris County, Justice Court, Midland Credit Management, Inc. vs Sandra K Chaney: 205100308667-Judgment		
4.74	<b>Scott &amp; Associates, P.C.</b> Nonpriority Creditor's Name <u>Teri S Mace</u> <u>Po Box 115220</u> Number Street <u>Carrollton, TX 75011-5220</u> City State ZIP Code	Last 4 digits of account number <u>9531</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1.00</u>
	<b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Attorney Fees</b>	
	<b>Remarks:</b> litigation filed in Harris County, County Court, Midland Funding, LLC vs Carl Chaney: 1099531-Judgment		

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.75	<p><b>Scott &amp; Associates, PC</b>            Nonpriority Creditor's Name  <b>c/o Vince Handler</b>  <b>Po Box 115220</b>            Number Street  <b>Carrollton, TX 75011-5220</b>            City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b></p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Remarks:</b> litigation filed in Harris County, Justice Court, CACH, LLC vs Sandra K Chaney; 185100201876-Judgment</p>	<p>Last 4 digits of account number <u>1876</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Attorney Fees</b></p>	<b>\$1.00</b>
4.76	<p><b>Synchrony Bank/Amazon</b>            Nonpriority Creditor's Name  <b>PO BOX 71711</b>            Number Street  <b>Philadelphia, PA 19176-1711</b>            City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b></p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8571</u></p> <p>When was the debt incurred? <u>12/06/2016</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>credit card</b></p>	<b>\$857.80</b>

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.77	<p><u>Synchrony Bank/Amazon</u>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy Dept</b>  <u>PO Box 960013</u>            Number Street  <u>Orlando, FL 32896</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8571</u></p> <p>When was the debt incurred? <u>12/1/2016</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Charge Account</b></p>	<u>\$919.00</u>
4.78	<p><u>Texas A&amp;M Veterinary A/R</u>            Nonpriority Creditor's Name  <u>PO BOX 36788</u>            Number Street  <u>Rock Hill, SC 29732-0512</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>-002</u></p> <p>When was the debt incurred? <u>N/A</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>medical bill</b></p>	<u>\$3,225.02</u>

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.79	<p><u>US Bank</u>            Nonpriority Creditor's Name  <u>PO BOX 108</u>            Number Street  <u>St. Louis, MO 63166-0108</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0466</u></p> <p>When was the debt incurred? <u>01/27/2012</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>credit card</b></p>	<u>\$3,021.08</u>
4.80	<p><u>US Bank/RMS</u>            Nonpriority Creditor's Name  <u>Attn: Bankruptcy</u>  <u>PO Box 5229</u>            Number Street  <u>Cincinnati, OH 45201-5229</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0466</u></p> <p>When was the debt incurred? <u>1/1/2012</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Credit Card</b></p>	<u>\$2,963.00</u>

Debtor 1  
Debtor 2Carl Randolph Chaney  
Sandra King Chaney  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.81	<b>US Bank/RMS</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 5229</b> Number Street <b>Cincinnati, OH 45201-5229</b> City State ZIP Code	Last 4 digits of account number <u>5791</u> When was the debt incurred? <u>1/1/2011</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$710.12</b>
4.82	<b>UT Physicians</b> Nonpriority Creditor's Name <b>915 Gessner, Suite 585</b> Number Street <b>Housotn, TX 77024</b> City State ZIP Code	Last 4 digits of account number <u>5F0H</u> When was the debt incurred? <u>12/30/2022</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	<b>\$1.07</b>

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.83	<p><u>Village MD of Southeast Texas</u>            Nonpriority Creditor's Name</p> <p><u>PO BOX 14000</u>            Number Street</p> <p><u>Belfast, ME 04915-4033</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3711</u></p> <p>When was the debt incurred? <u>11/02/2022</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>medical bill</u></p>	<b>\$513.48</b>
4.84	<p><u>Waypoint Resource Group</u>            Nonpriority Creditor's Name</p> <p><u>Attn: Bankruptcy</u></p> <p><u>301 Sundance Pkwy</u>            Number Street</p> <p><u>Round Rock, TX 78683</u>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>9288</u></p> <p>When was the debt incurred? <u>5/1/2022</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u></p>	<b>\$376.00</b>
<p><b>Remarks:</b> Original Creditor: COMCAST COMMUNICATIONS</p>			

Debtor 1  
Debtor 2Carl Randolph Chaney  
Sandra King Chaney  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.85	<b>Zwicker &amp; Associates</b> Nonpriority Creditor's Name <u>c/oJuli Mathew</u> <b>14090 Southwest Freeway Ste 408</b> Number Street <b>Sugar Land, TX 77478</b> City State ZIP Code	Last 4 digits of account number <u>1925</u>	<u>\$1.00</u>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Remarks:</b> litigation filed in Harris County, County Court, Discover Bank vs Carl R Chaney; 1081925 -Judgment</p>			
<p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Attorney Fees</b></p>			

Debtor 1 Debtor 2	Carl Sandra	Randolph King	Chaney Chaney	Case number (if known) _____
	First Name	Middle Name	Last Name	

## Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

<b>Arstrat LLC</b> Name <b>PO BOX 790113</b> Number Street <b>St. Louis, MO 63179-0113</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.3</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>First National Collection Bureau, Inc.</b> Name <b>50 West Liberty Street, Suite 250</b> Number Street <b>Reno, NV 89501</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.10</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>FMA Alliance, Ltd.</b> Name <b>12339 Cutten Road</b> Number Street <b>Houston, TX 77066</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.33</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Javitch Block, LLC</b> Name <b>1100 Superior Avenue, 19th floor</b> Number Street <b>Cleveland, OH 44114-2531</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.17</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Memorial Hermann Patient Business Serv</b> Name <b>PO BOX 4370</b> Number Street <b>Houston, TX 77210-4370</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.32</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>National Enterprise Systems</b> Name <b>PO BOX 36</b> Number Street <b>Twinsburg, OH 44087-0036</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.24</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Phoenix Financial Services LLC</b> Name <b>PO BOX 361450</b> Number Street <b>Indianapolis, IN 46236-1450</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Carl Randolph Chaney  
 Debtor 2 Sandra King Chaney  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

<b>Portfolio Recovery Associates, LLC</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>120 Corporate Blvd.</b>			Line <u>4.67</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number	Street		
<b>Norfolk, VA 23541</b>			Last 4 digits of account number _____
City	State	ZIP Code	
<b>Portfolio Recovery Associates, LLC</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>PO BOX 12914</b>			Line <u>4.25</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number	Street		
<b>Norfolk, VA 23541</b>			Last 4 digits of account number _____
City	State	ZIP Code	
<b>Radius Global Solutions, LLC</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>PO BOX 390846</b>			Line <u>4.19</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number	Street		
<b>Minneapolis, MN 55439</b>			Last 4 digits of account number _____
City	State	ZIP Code	
<b>Rausch Sturm</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>15660 Dallas Pkwy Ste 350</b>			Line <u>4.24</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number	Street		
<b>Dallas, TX 75248-3344</b>			Last 4 digits of account number _____
City	State	ZIP Code	
<b>Rausch,Sturm</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>15660 North Dallas Parkway</b>			Line <u>4.11</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number	Street		
<b>Dallas, TX 75248</b>			Last 4 digits of account number _____
City	State	ZIP Code	
<b>Rausch,Sturm</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>15660 North Dallas Parkway, Suite 350</b>			Line <u>4.66</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number	Street		
<b>Dallas, TX 75248</b>			Last 4 digits of account number _____
City	State	ZIP Code	
<b>Scheer, Green &amp; Burke, Co. L.P.A.</b>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name <b>1 Seagate</b>			Line <u>4.38</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number	Street		
<b>Toledo, OH 43604-1558</b>			Last 4 digits of account number _____
City	State	ZIP Code	

Debtor 1  
Debtor 2Carl Randolph Chaney  
Sandra King Chaney  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

<b>Scott &amp; Associates, PC</b> Name <b>PO BOX 115220</b> Number Street <b>Carrollton, TX 75011-5220</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.62</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Scott &amp; Associates, PC</b> Name <b>PO Box 115220</b> Number Street <b>Carrollton, TX 75011-5220</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.10</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Scott, Parnell &amp; Associates, P.C.</b> Name <b>PO Box 115220</b> Number Street <b>Carrollton, TX 75011-5220</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.61</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Todd, Bremer &amp; Lawson, Inc.</b> Name <b>PO BOX 36788</b> Number Street <b>Rock Hill, SC 29732-0512</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.78</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Waypoint Resource Group</b> Name <b>PO BOX 8588</b> Number Street <b>Round Rock, TX 78683</b> City State ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.21</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1  
Debtor 2Carl  
Sandra      Randolph  
King      Chaney  
First Name      Middle Name      Last Name

Case number (if known) \_\_\_\_\_

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. _____ <b>\$0.00</b>
	6b. Taxes and certain other debts you owe the government	6b. _____ <b>\$0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. _____ <b>\$0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + _____ <b>\$0.00</b>
	6e. Total. Add lines 6a through 6d.	6e. _____ <b>\$0.00</b>

		Total claim
Total claims from Part 2	6f. Student loans	6f. _____ <b>\$0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. _____ <b>\$0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. _____ <b>\$0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + _____ <b>\$136,397.44</b>
	6j. Total. Add lines 6f through 6i.	6j. _____ <b>\$136,397.44</b>

Fill in this information to identify your case:

Debtor 1	<b>Carl</b>	<b>Randolph</b>	<b>Chaney</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Sandra</b>	<b>King</b>	<b>Chaney</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Southern District of Texas</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

	Person or company with whom you have the contract or lease			State what the contract or lease is for
2.1	Name Number Street City State ZIP Code			
2.2	Name Number Street City State ZIP Code			
2.3	Name Number Street City State ZIP Code			
2.4	Name Number Street City State ZIP Code			

Fill in this information to identify your case:

Debtor 1	<u>Carl</u>	<u>Randolph</u>	<u>Chaney</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Sandra</u>	<u>King</u>	<u>Chaney</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No

Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.

Chaney, Sandra King

Name of your spouse, former spouse, or legal equivalent

22727 Fincastle Dr.

Number Street

Katy, TX 77450

City State ZIP Code

Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.

Chaney, Carl Randolph

Name of your spouse, former spouse, or legal equivalent

22727 Fincastle Dr.

Number Street

Katy, TX 77450

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3.1

Name

Number Street

City State ZIP Code

Fill in this information to identify your case:

Debtor 1	<b>Carl</b>	<b>Randolph</b>	<b>Chaney</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Sandra</b>	<b>King</b>	<b>Chaney</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Southern District of Texas</b>		
Case number (if known)			

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form 106I****Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	<b>Debtor 1</b>	<b>Debtor 2 or non-filing spouse</b>
<b>Employment status</b>	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed
<b>Occupation</b>	Unemployed	Retired, only receives Social Security and retirement
<b>Employer's name</b>		
<b>Employer's address</b>	Number Street	Number Street
	City	City
	State	State
	Zip Code	Zip Code
<b>How long employed there?</b>		

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.
3. **Estimate and list monthly overtime pay.**
4. **Calculate gross income.** Add line 2 + line 3.

<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
2. _____ \$0.00	_____ \$0.00
3. + _____ \$0.00	+ _____ \$0.00
4. _____ \$0.00	_____ \$0.00

Debtor 1 Debtor 2	Carl <u>Sandra</u> First Name	Randolph <u>King</u> Middle Name	Chaney <u>Chaney</u> Last Name	Case number (if known) _____	
				<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here.....</b> →				4. _____ \$0.00	_____ \$0.00
<b>5. List all payroll deductions:</b>				5a. _____ \$0.00	_____ \$0.00
5b. <b>Mandatory contributions for retirement plans</b>				5b. _____ \$0.00	_____ \$0.00
5c. <b>Voluntary contributions for retirement plans</b>				5c. _____ \$0.00	_____ \$0.00
5d. <b>Required repayments of retirement fund loans</b>				5d. _____ \$0.00	_____ \$0.00
5e. <b>Insurance</b>				5e. _____ \$0.00	_____ \$0.00
5f. <b>Domestic support obligations</b>				5f. _____ \$0.00	_____ \$0.00
5g. <b>Union dues</b>				5g. _____ \$0.00	_____ \$0.00
5h. <b>Other deductions. Specify:</b> _____				5h. + _____ \$0.00	+ _____ \$0.00
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.				6. _____ \$0.00	_____ \$0.00
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.				7. _____ \$0.00	_____ \$0.00
<b>8. List all other income regularly received:</b>					
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>				8a. _____ \$0.00	_____ \$0.00
8b. <b>Interest and dividends</b>				8b. _____ \$0.00	_____ \$0.00
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>				8c. _____ \$0.00	_____ \$0.00
8d. <b>Unemployment compensation</b>				8d. _____ \$0.00	_____ \$0.00
8e. <b>Social Security</b>				8e. _____ \$0.00	_____ \$2,253.00
8f. <b>Other government assistance that you regularly receive</b> <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.</small> Specify: _____				8f. _____ \$0.00	_____ \$0.00
8g. <b>Pension or retirement income</b>				8g. _____ \$0.00	_____ \$1,646.12
8h. <b>Other monthly income. Specify:</b> <u>Medical Reimbursements</u>				8h. + _____ \$0.00	+ _____ \$241.67
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.				9. _____ \$0.00	_____ \$4,140.79
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse				10. _____ \$0.00	+ _____ \$4,140.79 = _____ \$4,140.79
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.          Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.</small>				Specify: _____	11. + _____ \$0.00
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies				12. _____ \$4,140.79	Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>				<input type="checkbox"/> No. <span style="border: 1px solid black; padding: 2px;">Debtor cannot find a job due to health issues</span> <input checked="" type="checkbox"/> Yes. Explain: _____	

Fill in this information to identify your case:

Debtor 1	<u>Carl</u>	<u>Randolph</u>	<u>Chaney</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Sandra</u>	<u>King</u>	<u>Chaney</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)			

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J****Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?**

No. Go to line 2.

Yes. **Does Debtor 2 live in a separate household?**

No

Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

**2. Do you have dependents?**

No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

**Dependent's relationship to Debtor 1 or Debtor 2****Dependent's age****Does dependent live with you?**

_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.

**3. Do your expenses include expenses of people other than yourself and your dependents?**

No

Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

**4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.****Your expenses**

4. \_\_\_\_\_ \$1,171.06

**If not included in line 4:**

4a. Real estate taxes

4a. \_\_\_\_\_ \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \_\_\_\_\_ \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \_\_\_\_\_ \$125.00

4d. Homeowner's association or condominium dues

4d. \_\_\_\_\_ \$0.00

Debtor 1	Carl <u>Sandra</u>	Randolph <u>King</u>	Chaney <u>Chaney</u>	Case number (if known) _____
Debtor 2	First Name	Middle Name	Last Name	
<b>Your expenses</b>				
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00		
6. Utilities:				
6a. Electricity, heat, natural gas	6a.	\$215.00		
6b. Water, sewer, garbage collection	6b.	\$77.50		
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$0.00		
6d. Other. Specify: _____	6d.	\$0.00		
7. Food and housekeeping supplies	7.	\$680.00		
8. Childcare and children's education costs	8.	\$0.00		
9. Clothing, laundry, and dry cleaning	9.	\$25.00		
10. Personal care products and services	10.	\$100.00		
11. Medical and dental expenses	11.	\$405.00		
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$150.00		
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$50.00		
14. Charitable contributions and religious donations	14.	\$0.00		
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.				
15a. Life insurance	15a.	\$227.00		
15b. Health insurance	15b.	\$615.48		
15c. Vehicle insurance	15c.	\$188.00		
15d. Other insurance. Specify: _____ vision insurance	15d.	\$30.00		
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$0.00		
17. Installment or lease payments:				
17a. Car payments for Vehicle 1	17a.	\$0.00		
17b. Car payments for Vehicle 2	17b.	\$0.00		
17c. Other. Specify: _____	17c.	\$0.00		
17d. Other. Specify: _____	17d.	\$0.00		
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$0.00		
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$0.00		
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .				
20a. Mortgages on other property	20a.	\$0.00		
20b. Real estate taxes	20b.	\$0.00		
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00		
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00		
20e. Homeowner's association or condominium dues	20e.	\$0.00		

Debtor 1  
Debtor 2

First Name	Carl <u>Sandra</u>	Middle Name	Randolph <u>King</u>	Last Name	Chaney <u>Chaney</u>
------------	-----------------------	-------------	-------------------------	-----------	-------------------------

Case number (if known) \_\_\_\_\_

21. Other. Specify: \_\_\_\_\_ Pet food, care &amp; grooming \_\_\_\_\_

21. + \_\_\_\_\_ \$75.00

## 22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \_\_\_\_\_ \$4,134.04

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \_\_\_\_\_ \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \_\_\_\_\_ \$4,134.04

## 23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \_\_\_\_\_ \$4,140.79

23b. Copy your monthly expenses from line 22c above.

23b. - \_\_\_\_\_ \$4,134.04

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \_\_\_\_\_ \$6.75

## 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No.

Explain here:

 Yes.

Food, transportation &amp; medical expenses expected to increase. Debtor will need dental work. Home needs lots of repairs that they have not been able to take care of due to finances.

Fill in this information to identify your case:

Debtor 1	<b>Carl</b> First Name	<b>Randolph</b> Middle Name	<b>Chaney</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Sandra</b> First Name	<b>King</b> Middle Name	<b>Chaney</b> Last Name
United States Bankruptcy Court for the:	<b>Southern District of Texas</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

##### Your assets

Value of what you own

##### 1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$256,747.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$24,708.03
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$281,455.03

#### Part 2: Summarize Your Liabilities

##### Your liabilities

Amount you owe

##### 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$86,488.40
---	-------------

##### 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	+ \$136,397.44

##### Your total liabilities

\$222,885.84

#### Part 3: Summarize Your Income and Expenses

##### 4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$4,140.79
---	------------

##### 5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$4,134.04
---	------------

Debtor 1  
Debtor 2

First Name	Carl Sandra	Middle Name	Randolph King	Last Name	Chaney Chaney
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Case number (if known) \_\_\_\_\_

## Part 4: Answer These Questions for Administrative and Statistical Records

## 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

## 7. What kind of debt do you have?

**Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$1,925.01

## 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

## Total claim

## From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$0.009b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.009c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.009d. Student loans. (Copy line 6f.) \$0.009e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.009f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$0.009g. **Total.** Add lines 9a through 9f. \$0.00

Fill in this information to identify your case:

Debtor 1	<u>Carl</u> First Name	<u>Randolph</u> Middle Name	<u>Chaney</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Sandra</u> First Name	<u>King</u> Middle Name	<u>Chaney</u> Last Name
United States Bankruptcy Court for the:		<u>Southern District of Texas</u>	
Case number (if known)	<hr/>		

Check if this is an amended filing

# Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

**Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?**

No

Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Carl Randolph Chaney  
Carl Randolph Chaney, Debtor 1

X /s/ Sandra King Chaney  
Sandra King Chaney, Debtor 2

Date 08/30/2023

Date 08/30/2023

Date 08/30/2023

Fill in this information to identify your case:

Debtor 1	<b>Carl</b> First Name	<b>Randolph</b> Middle Name	<b>Chaney</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Sandra</b> First Name	<b>King</b> Middle Name	<b>Chaney</b> Last Name
United States Bankruptcy Court for the:		<b>Southern District of Texas</b>	
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing	

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married

Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
23780 N Mosiertown Rd Number Street	From 02/01/2020 To 11/17/2020	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1 From _____ To _____
Saegertown, PA 16433 City State ZIP Code	Number Street City State ZIP Code	<input type="checkbox"/> Same as Debtor 1 From _____ To _____	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
Number Street City State ZIP Code	Number Street City State ZIP Code	<input type="checkbox"/> Same as Debtor 1 From _____ To _____	<input type="checkbox"/> Same as Debtor 1 From _____ To _____

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No

Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **Carl Sandra**  
 Debtor 2 **Randolph King**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Explain the Sources of Your Income

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income	Gross Income	Sources of income	Gross Income
Check all that apply.	(before deductions and exclusions)		Check all that apply.	(before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>  (January 1 to December 31, <u>2022</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For last calendar year:</b>  (January 1 to December 31, <u>2022</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$1,289.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year before that:</b>  (January 1 to December 31, <u>2021</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$607.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. No Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income	Gross income from each source	Sources of income	Gross Income from each source
Describe below.	(before deductions and exclusions)		Describe below.	(before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>  (January 1 to December 31, <u>2022</u> ) YYYY			Retirement Social Security	\$11,522.84 \$15,771.00
<b>For last calendar year:</b>  (January 1 to December 31, <u>2022</u> ) YYYY			Retirement Social Security	\$25,588.00 \$26,689.00
<b>For the calendar year before that:</b>  (January 1 to December 31, <u>2021</u> ) YYYY			Retirement Social Security	\$25,588.00 \$25,206.00

Debtor 1  
Debtor 2

Carl	Randolph	Chaney
Sandra	King	Chaney
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

## Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

## 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
<u>Specialized Loan Servicing LLC</u> Creditor's Name	<u>within the last</u> 90 days	<u>\$3,038.38</u>	<u>\$72,238.00</u>	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
<u>Attn: Bankruptcy</u>	_____	_____	_____	_____
<u>P.O. Box 630147</u> Number Street	_____	_____	_____	_____
<u>Littleton, CO 80163-0147</u> City State ZIP Code	_____	_____	_____	_____

## 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
<u>Insider's Name</u>	_____	_____	_____	_____
<u>Number Street</u>	_____	_____	_____	_____
<u>City State ZIP Code</u>	_____	_____	_____	_____

Debtor 1	Carl	Randolph	Chaney	Case number (if known) _____
Debtor 2	Sandra	King	Chaney	
	First Name	Middle Name	Last Name	

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name	_____	_____	_____
Number Street	_____	_____	_____
City	State	ZIP Code	

#### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____	Court Name _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____	Number Street _____	City _____ State _____ ZIP Code _____

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Debtor 1  
Debtor 2Carl  
SandraRandolph  
KingChaney  
Chaney

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## Describe the property

## Date

## Value of the property

## Explain what happened

Property was repossessed.  
 Property was foreclosed.  
 Property was garnished.  
 Property was attached, seized, or levied.

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

 No Yes. Fill in the details.

## Describe the action the creditor took

## Date action was taken

Amount taken

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Last 4 digits of account number: XXXX- \_\_\_\_\_

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

 No Yes

## Part 5: List Certain Gifts and Contributions

**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

 No Yes. Fill in the details for each gift.

Debtor 1 Debtor 2	Carl Sandra	Randolph King	Chaney Chaney	Case number (if known) _____
	First Name	Middle Name	Last Name	
<b>Gifts with a total value of more than \$600 per person</b>		<b>Describe the gifts</b>	<b>Dates you gave the gifts</b>	<b>Value</b>
<u>American Legion, Post 164</u> Person to Whom You Gave the Gift  <u>Po Box 1171</u> Number Street  <u>Katy, TX 77492</u> City State ZIP Code Person's relationship to you <u>None</u>		Donated 21 used and refurbished desktop computers.	<u>05/13/2023</u>	<u>\$200.00</u>

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?** No Yes. Fill in the details for each gift or contribution.

<b>Gifts or contributions to charities that total more than \$600</b>	<b>Describe what you contributed</b>	<b>Date you contributed</b>	<b>Value</b>
<u>Charity's Name</u>  <u>Number Street</u>  <u>City</u> <u>State</u> <u>ZIP Code</u>			

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?** No Yes. Fill in the details.

<b>Describe the property you lost and how the loss occurred</b>	<b>Describe any insurance coverage for the loss</b>  Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	<b>Date of your loss</b>	<b>Value of property lost</b>
1986 Mobile Home was towed and stored at BDS Towing & Recovery LP; likely disposed due to being at facility over 45 days	N/A	<u>5/19/2023</u>	<u>\$100.00</u>

Debtor 1	Carl	Randolph	Chaney
Debtor 2	Sandra	King	Chaney
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

## Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<u>Dore, Rothberg McKay, P.C.</u> Person Who Was Paid  <u>16225 Park Ten Place, Suite 700</u> Number Street  <u>Houston, TX 77084</u> City State ZIP Code  Email or website address <u>Debtor</u> Person Who Made the Payment, if Not You	Attorney Fees - research on lawsuits and liens	<u>06/13/2022</u>	<u>\$2,000.00</u>
<u>Weston Legal, PLLC</u> Person Who Was Paid  <u>177 West Gray</u> Number Street  <u>Houston, TX 77019</u> City State ZIP Code  Email or website address <u>Debtor</u> Person Who Made the Payment, if Not You	Attorney's Fee, Filing Fee & Costs	<u>04/24/2023</u>	<u>\$2,800.00</u>
<u>Dollar Learning Foundation, Inc.</u> Person Who Was Paid  <u>21550 Oxnard St Fl 1</u> Number Street  <u>Woodland Hls, CA 91367-7100</u> City State ZIP Code  Email or website address <u>Debtor</u> Person Who Made the Payment, if Not You	Credit Counseling Course	<u>06/28/2023</u>	<u>\$15.00</u>

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Debtor 1  
Debtor 2Carl  
SandraRandolph  
KingChaney  
Chaney

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

Person Who Was Paid

Number Street

City State ZIP Code

Description and value of any property transferred			Date payment or transfer was made	Amount of payment

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.

Description and value of property transferred			Describe any property or payments received or debts paid in exchange	Date transfer was made
<u>Sold on Craig's List</u> Person Who Received Transfer	2006 Chevrolet Express White Van	\$3,000.00 - used on attorney fees rest put in the bank		<u>3/2/2023</u>
Number Street				
City State ZIP Code				
Person's relationship to you				
<u>No Relation</u>				
<u>Sold to various buyers on</u> FacebookMarket, Offer Up, Craig's List, Texas Gun Trader & Garage Sale Person Who Received Transfer	Sold various items: Honda Scooter, Kayak, 2 gun lockers, Ellie pool, Bumper, 2 display cases, Re-loader/ammo cans, Power strips (3), Vest, Vest, Armory, BRN Vest, side plates, Front bumper/grill, Power strips (2), Stealth boat, Black Bear Mount, Ammo, mags, ammo cans, Outdoor Kitchen, Stealth boat, Dust Collection System, 42" Fan,	\$32,825.00 used on living expense and repairing home		<u>2022 - 2022</u>
Number Street				
City State ZIP Code	Moving Boxes, Floor fan, 42" Fan, Duck Decoys, Cooler, ammo can, Tailgate toolbox/4 pc foam			
Person's relationship to you	10 moving blankets, Shelves, Moving Blankets (20)			
<u>No Relation</u>	Coca-Cola cooler, AB Doer, Shelf, Gun cabinet, RPD Drums (3), Honda Scooter, Light poles, Van Selves, Cart, Desk, motorcycle trunk, Motorcycle seat/windshield, 3 ammo cans/bullets /case, power strips (5), gun case, 16 foot table, Buffalo gun case, Gun cases, MEM BELLE AMP X OVER, (2) LG India Paintings, Binoculars, 2 Bullet proof vests, Bouncy House Fan, Blue Snyder			
	\$22,580.00			

Debtor 1  
Debtor 2Carl  
SandraRandolph  
KingChaney  
Chaney

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

Description and value of property transferred			Describe any property or payments received or debts paid in exchange	Date transfer was made
Facebook Market Place Person Who Received Transfer			Sold 2000 600C three wheel car \$1000	\$1000 paid tax debt with this 3/11/2023
Number	Street			
City	State	ZIP Code		
Person's relationship to you				
No Relation				

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

No

Yes. Fill in the details.

Description and value of the property transferred		Date transfer was made
Name of trust		

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	
Number Street			
City	State	ZIP Code	

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

No

Yes. Fill in the details.

Debtor 1  
Debtor 2

Carl Sandra Randolph King Chaney Chaney

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

Name of Financial Institution

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Who else had access to it? \_\_\_\_\_

Describe the contents \_\_\_\_\_

Do you still have it? \_\_\_\_\_

 No Yes**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?** No Yes. Fill in the details.

Name of Storage Facility

Who else has or had access to it? \_\_\_\_\_

Describe the contents \_\_\_\_\_

Do you still have it? \_\_\_\_\_

Number Street

Number Street

City State ZIP Code

City State ZIP Code

 No Yes**Part 9: Identify Property You Hold or Control for Someone Else****23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.** No Yes. Fill in the details.

Owner's Name

Where is the property? \_\_\_\_\_

Describe the property \_\_\_\_\_

Value \_\_\_\_\_

Mark Chaney

22727 Fincastle Dr.

1988 Ford F-350; belongs to brother and is  
sitting debtor's home, brother hasn't moved  
vehicle

\$5,000.00

Number Street

Number Street

20628 Main Street, Highway 86

Katy, TX 77450

City State ZIP Code

City State ZIP Code

Debtor 1	Carl	Randolph	Chaney
Debtor 2	Sandra	King	Chaney
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

## Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

## 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Governmental unit		Environmental law, if you know it			Date of notice
Name of site		Governmental unit			
Number	Street	Number	Street		
		City	State	ZIP Code	
City	State	ZIP Code			

## 25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Governmental unit		Environmental law, if you know it			Date of notice
Name of site		Governmental unit			
Number	Street	Number	Street		
		City	State	ZIP Code	
City	State	ZIP Code			

## 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Debtor 1  
Debtor 2

Carl  
Sandra

**Randolph  
King**

**Chaney**  
**Chaney**

Case number (if known)

Court or agency	Nature of the case	Status of the case
Case title _____ _____ _____	Court Name _____ _____ _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____	City _____ State _____ ZIP Code _____	

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

<p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p>		<p><b>Describe the nature of the business</b></p> <p>Employer Identification number Do not include Social Security number or ITIN.</p>
		<p>EIN: _____</p>
<p><b>Name of accountant or bookkeeper</b></p>		<p><b>Dates business existed</b></p>
		<p>From _____ To _____</p>

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below

**Date issued**

Name	MM / DD / YYYY
Number      Street	
City	
State	ZIP Code

Debtor 1  
Debtor 2

Carl	Randolph	Chaney
Sandra	King	Chaney
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

## Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Carl Randolph Chaney  
Signature of Carl Randolph Chaney, Debtor 1

**X** /s/ Sandra King Chaney  
Signature of Sandra King Chaney, Debtor 2

Date 08/30/2023Date 08/30/2023Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)? No Yes

## Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

 No Yes. Name of person \_\_\_\_\_Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Carl</u>	<u>Randolph</u>	<u>Chaney</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Sandra</u>	<u>King</u>	<u>Chaney</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)			

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral		What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:	<u>Discover Bank</u>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: <b>File Motion to Avoid Lien</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt:	<u>Residential homestead 22727 Fincastle Dr. Katy, TX 77450</u>		
Creditor's name:	<u>Specialized Loan Servicing LLC</u>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt:	<u>Residential homestead 22727 Fincastle Dr. Katy, TX 77450</u>		

Debtor 1	<b>Carl</b>	<b>Randolph</b>	<b>Chaney</b>
Debtor 2	<b>Sandra</b>	<b>King</b>	<b>Chaney</b>
	First Name	Middle Name	Last Name

Case number (*if known*) \_\_\_\_\_

## Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Part 3: Sign Below

**Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.**

 /s/ Carl Randolph Chaney

**Signature of Debtor 1**

 /s/ Sandra King Chaney

Signature of Debtor 2

Date 08/30/2023  
MM/ DD/ YYYY

Date 08/30/2023  
MM/ DD/ YYYY

**United States Bankruptcy Court**  
Southern District of Texas

**In re** Chaney, Carl Randolph

Chaney, Sandra King

Case No. \_\_\_\_\_

**Debtor**

Chapter \_\_\_\_\_ 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$2,800.00
Prior to the filing of this statement I have received .....	\$2,800.00
Balance Due .....	\$0.00

2. The source of the compensation paid to me was:

Debtor       Other (specify)

3. The source of compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of debtor in adversary proceedings, contested matters, and matters designated in the parties' representation agreement as not included, except with further fees and agreement between parties.

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/30/2023  
*Date*

/s/ Pete W. Weston

Pete W. Weston  
*Signature of Attorney*

Bar Number: 21232300, SDTX 272  
Weston Legal, PLLC  
177 West Gray  
Houston, TX 77019  
Phone: (713) 623-4242

Weston Legal, PLLC  
*Name of law firm*

Date: 08/30/2023

/s/ Carl Randolph Chaney

***Carl Randolph Chaney***

/s/ Sandra King Chaney  
***Sandra King Chaney***

Fill in this information to identify your case:

Debtor 1	<b>Carl</b> First Name	<b>Randolph</b> Middle Name	<b>Chaney</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Sandra</b> First Name	<b>King</b> Middle Name	<b>Chaney</b> Last Name
United States Bankruptcy Court for the:	<b>Southern District of Texas</b>		
Case number (if known)			

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

**Official Form 122A-1****Chapter 7 Statement of Your Current Monthly Income**

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

**Part 1: Calculate Your Current Monthly Income****1. What is your marital and filing status? Check one only.** **Not married.** Fill out Column A, lines 2-11. **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11. **Married and your spouse is NOT filing with you. You and your spouse are:** **Living in the same household and are not legally separated.** Fill out both Column A and B, lines 2-11. **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	<b>Column A Debtor 1</b>	<b>Column B Debtor 2 or non-filing spouse</b>
<b>2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).</b>	\$0.00	\$0.00
<b>3. Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00
<b>4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	\$0.00
<b>5. Net income from operating a business, profession, or farm</b>	<b>Debtor 1</b>	<b>Debtor 2</b>
Gross receipts (before all deductions)	\$0.00	\$0.00
Ordinary and necessary operating expenses	- \$0.00	- \$0.00
Net monthly income from a business, profession, or farm	\$0.00	\$0.00
	<b>Copy here</b>	
	→	\$0.00
	\$0.00	\$0.00
<b>6. Net income from rental and other real property</b>	<b>Debtor 1</b>	<b>Debtor 2</b>
Gross receipts (before all deductions)	\$0.00	\$0.00
Ordinary and necessary operating expenses	- \$0.00	- \$0.00
Net monthly income from rental or other real property	\$0.00	\$0.00
	<b>Copy here</b>	
	→	\$0.00
	\$0.00	\$0.00
<b>7. Interest, dividends, and royalties</b>	\$0.00	\$0.00

Debtor 1  
Debtor 2

Carl	Randolph	Chaney
Sandra	King	Chaney
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: ..... ↓  
 For you..... \$0.00  
 For your spouse..... \$2,253.00

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Medical Reimbursements	\$0.00	\$278.89
.....	.....	.....
.....	.....	.....
.....	.....	.....

Total amounts from separate pages, if any.

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

+	+	=
\$0.00	\$1,925.01	\$1,925.01
		Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11..... Copy line 11 here →   
 Multiply by 12 (the number of months in a year).  
 12b. The result is your annual income for this part of the form. 12b.

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.   
 Fill in the number of people in your household.   
 Fill in the median family income for your state and size of household..... 13.   
 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
 Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
 Go to Part 3 and fill out Form 122A-2.

Debtor 1  
Debtor 2Carl Randolph Chaney  
Sandra King Chaney  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X** /s/ Carl Randolph Chaney

Signature of Debtor 1

Date 08/30/2023  
MM/ DD/ YYYY

**X** /s/ Sandra King Chaney

Signature of Debtor 2

Date 08/30/2023  
MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

American Express  
PO BOX 981535  
El Paso, TX 79998-1535

American Medical Response  
6363 S Fiddlers Green Cir Fl 14  
Greenwood Village, CO 80111

Apria Health Care/Arstrat LLC  
PO BOX 802017  
Chicago, IL 60680-2017

Arstrat LLC  
PO BOX 790113  
St. Louis, MO 63179-0113

Bank of America  
PO BOX 982235  
El Paso, TX 79998-2235

BDS Towing & Recovery LP  
9349 Dilly Shaw Tap Rd,  
Bryan, TX 77808

Best Buy  
PO BOX 790441  
St. Louis, MO 63179-0441

Brown & Associates  
PO BOX 421849  
Houston, TX 77242-1849

CACH, LLC  
PO BOX 4115, DEPT 940  
Concord, CA 94524

Capital One Bank (USA) N.A.  
1680 Capital One Dr  
McLean, VA 22102-3407

CARDIOVASCULAR CARE  
PROVI  
1331 West Grand Parkway North. Suite  
130  
Katy, TX 77493-2711

Cavalry SPV I, LLC  
1100 Superior Avenue, 19th floor  
Cleveland, OH 44114-2531

CF Medical LLC  
PO BOX 361450  
Indianapolis, IN 46236-1450

Citibank, Cavalry SPV I, LLC  
PO BOX 390846  
Minneapolis, MN 55439

Citibank/Best Buy  
Centralized Bankruptcy  
PO Box 790034  
St Louis, MO 63179-0034

Comcast Communications  
1130 Northchase Parkway, Suite 150  
Marietta, GA 30067

Comenity Bank/Kingsize  
ATTN: Bankruptcy Dept  
PO Box 182125  
Columbus, OH 43218

Comenity Bank/Woman  
Within  
PO BOX 182125  
Columbus, OH 43218-2125

Discover  
6500 New Albany Rd E  
New Albany, OH 43054-8730

Discover Bank  
80 Minuteman Road  
Andover, MA 01810

First National Collection  
Bureau, Inc.  
50 West Liberty Street, Suite 250  
Reno, NV 89501

FMA Alliance, Ltd.  
12339 Cutten Road  
Houston, TX 77066

Gander Mountain/Portfolio  
Recovery Assoc  
PO BOX 12914  
Norfolk, VA 23541

Houston Methodist  
PO BOX 3133  
Houston, TX 77253-3133

Javitch Block, LLC  
1100 Superior Avenue, 19th floor  
Cleveland, OH 44114-2531

Javitch Block, LLC  
c/o Eric S Peterson  
275 W Campbell Rd Ste 312  
Richardson, TX 75080-3601

Massey's  
PO BOX 2822  
Monroe, WI 63666-8022

Medical Chest Associates  
902 Frostwood, Suite 172  
Houston, TX 77024-2402

Medical Colleagues of Texas,  
L.L.P.  
21700 Kingsland Blvd., Suite 201  
Katy, TX 77450-2547

Memorial Hermann  
909 Frostwood Drive Suite 3:100  
Houston, TX 77024

Memorial Hermann  
PO BOX 4370  
Houston, TX 77210-4370

Memorial Hermann H  
PO BOX 4370  
Houston, TX 77210-4370

Memorial Hermann Hospital  
909 Frostwood Drive Suite 3:100  
Houston, TX 77024

Memorial Hermann Hospital  
PO BOX 4370  
Houston, TX 77210-4370

Memorial Hermann Medical  
Group  
PO BOX 1400 ATTN18565J  
Belfast, ME 04915-4033

Memorial Hermann Patient  
Business Serv  
PO BOX 4370  
Houston, TX 77210-4370

Memorial MRI and Diagnostic  
21820 Katy Freeway  
Katy, TX 77449-7774

Memorial Pathology  
Consultants  
PO BOX 671130  
Dallas, TX 75267-1130

Merrick Bank/CCHoldings  
Attn: Bankruptcy  
P.O. Box 9201  
Old Bethpage, NY 11804-9001

Methodist Pathology Assoc  
PLLC  
PO BOX 4701  
Houston, TX 77210-4701

Michael P Macris, MD PA  
915 Gessner, Suite 170  
Houston, TX 77024-2666

Midland Credit Mgmt, Inc.  
Attn: Bankruptcy  
PO Box 939069  
San Diego, CA 92193

Midland Funding LLC  
PO BOX 115220  
Carrollton, TX 75011-5220

National Enterprise Systems  
PO BOX 36  
Twinsburg, OH 44087-0036

Nottingham Dental, PLLC  
20501 Katy Fwy 104  
Katy, TX 77450

Oncology Consultants, PA  
925 Gessner, Suite 600  
Houston, TX 77024

Paramount Recovery  
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Waco, TX 76702

Phoenix Financial Services  
LLC  
PO BOX 361450  
Indianapolis, IN 46236-1450

Portfolio Recovery  
120 Corporate Blvd Ste 120  
Norfolk, VA 23502-4952

Portfolio Recovery Associates  
LLC  
Centralized Bankruptcy  
PO Box 790034  
St Louis, MO 63179-0034

Portfolio Recovery Associates,  
LLC  
120 Corporate Blvd.  
Norfolk, VA 23541

Portfolio Recovery Associates,  
LLC  
PO BOX 12914  
Norfolk, VA 23541

Portfolio Recovery Associates,  
LLC  
120 Corporate Blvd  
Norfolk, VA 23502-4952

Radiology Partners Houston  
PO BOX 208108  
Dallas, TX 75320-8108

Radius Global Solutions, LLC  
PO BOX 390846  
Minneapolis, MN 55439

Rausch Sturm  
15660 Dallas Pkwy Ste 350  
Dallas, TX 75248-3344

Rausch Sturm  
c/o Fallon Hamilton  
15660 N. Dallas Pkwy Ste 350  
Dallas, TX 75248-3344

Rausch,Sturm  
15660 North Dallas Parkway  
Dallas, TX 75248

Rausch,Sturm  
15660 North Dallas Parkway, Suite 350  
Dallas, TX 75248

Scheer, Green & Burke, Co.  
L.P.A.  
1 Seagate  
Toledo, OH 43604-1558

Scott & Associates PC  
c/o Naomi Lara  
P. O. Box 115220  
Carrollton, TX 75011-5220

Scott & Associates, P.C.  
Teri S Mace  
Po Box 115220  
Carrollton, TX 75011-5220

Scott & Associates, PC  
PO BOX 115220  
Carrollton, TX 75011-5220

Scott & Associates, PC  
PO Box 115220  
Carrollton, TX 75011-5220

Scott & Associates, PC  
c/o Vince Handler  
Po Box 115220  
Carrollton, TX 75011-5220

Scott, Parnell & Associates,  
P.C.  
PO Box 115220  
Carrollton, TX 75011-5220

Specialized Loan Servicing  
LLC  
Attn: Bankruptcy  
P.O. Box 630147  
Littleton, CO 80163-0147

Synchrony Bank/Amazon  
PO BOX 71711  
Philadelphia, PA 19176-1711

Synchrony Bank/Amazon  
Attn: Bankruptcy Dept  
PO Box 960013  
Orlando, FL 32896

Texas A&M Veterinary A/R  
PO BOX 36788  
Rock Hill, SC 29732-0512

Todd, Bremer & Lawson, Inc.  
PO BOX 36788  
Rock Hill, SC 29732-0512

US Bank  
PO BOX 108  
St. Louis, MO 63166-0108

US Bank/RMS  
Attn: Bankruptcy  
PO Box 5229  
Cincinnati, OH 45201-5229

UT Physicians  
915 Gessner, Suite 585  
Housotn, TX 77024

Village MD of Southeast Texas  
PO BOX 14000  
Belfast, ME 04915-4033

Waypoint Resource Group  
PO BOX 8588  
Round Rock, TX 78683

Waypoint Resource Group  
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Round Rock, TX 78683

Zwicker & Associates  
c/oJuli MattheW  
14090 Southwest Freeway Ste 408  
Sugar Land, TX 77478

Zwicker & Associates, P.C.  
PO BOX 9013  
Andover, MA 01810

IN THE UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

IN RE: **Chaney, Carl Randolph**  
**Chaney, Sandra King**

CASE NO

CHAPTER 7

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 08/30/2023 Signature /s/ Carl Randolph Chaney  
Carl Randolph Chaney, Debtor

Date 08/30/2023 Signature /s/ Sandra King Chaney  
Sandra King Chaney, Joint Debtor